



## GAINES CHARTER TOWNSHIP

### COMMUNITY ROOM RENTAL TERMS & POLICIES

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Gaines Charter Township is pleased to make our community rooms available for use. To apply for use of a community room(s), please complete the Community Room Application and return it to the Supervisor's office at Gaines Charter Township, 8555 Kalamazoo Ave., SE, Caledonia, MI 49316. Please read the following policies before submitting an application.

#### FACILITIES

In the interest of fire protection and safety, the following maximum capacities apply to each room:

- Community Room A            133 Seated
- Community Room B            60 Seated
- A & B Combined            193 Seated
- Community Room C            60 Seated

Rental of rooms A or B include the use of audio/visual equipment and the kitchen facilities.

Rental of room C does not include audio/visual equipment and there is no kitchen access.

Resident per day room rental costs:

- Community Room A            Cost: \$ 80 + Applicable fees and Security Deposit
- Community Room B            Cost: \$ 80 + Applicable fees and Security Deposit
- A & B Combined            Cost: \$135 + Applicable fees and Security Deposit
- Community Room C            Cost: \$ 50 + Applicable fees and Security Deposit

Non-Resident per day room rental costs:

- Community Room A            Cost: \$120 + Applicable fees and Security Deposit
- Community Room B            Cost: \$120 + Applicable fees and Security Deposit
- A & B Combined            Cost: \$203 + Applicable fees and Security Deposit
- Community Room C            Cost: \$ 75 + Applicable fees and Security Deposit

Rooms are available for use Monday – Saturday. There will be no Sunday or Holiday rentals. Monday- Friday rental is available between the hours of 7AM and 10PM. Saturday rental hours are 8AM to 10PM.

HOLIDAYS: New Year's Day, Memorial Day, 4<sup>th</sup> of July, Labor Day, Thanksgiving Day,  
Christmas Eve, Christmas Day, New Year's Eve

[The community rooms are not available for use the day before, day of, or the day after an election/voting day](#)

Rental for weekend events will require a refundable\* security deposit of \$100.

Rental for all weekday events will require a refundable\* security deposit of \$50

Saturday rentals – In addition to the security deposit and rental fee, there is a \$50.00 open/close charge.

*\*Refund of security deposit is conditional, based on compliance with rules and regulations, and inspection of the facility*

## RESERVATIONS

Reservations are on a first come, first serve basis with Township functions taking precedence.

1. Reservations are required for all Community Room use.
2. All rental requests must include a completed Community Room Application.
3. Applications for reservations are accepted up to 6 months in advance of the meeting date.
4. Reservation times must include all setup and cleanup time.
5. Application does not guarantee approval of rental request.
6. Once submitted, the Township will then approve or deny the application. Applicants will be notified of approval or denial by phone or email within 7 business days of receipt of application.
7. The reservation will be considered temporary until security deposit and 25% of rental fee is received. Security deposit and 25% of rental fee must be received within 7 business days of notification of application approval. The balance of the rental fee must be received a minimum of two weeks prior to the rental date. (The Township accepts cash, check or credit card).
8. The individual completing the reservation application must be a minimum of 18 years of age. This individual will be the only person authorized to make changes to the reservation and will also serve as the primary contact for the Township.
9. For any reservations made in the name of a resident, resident must be in attendance for entire scheduled rental time.
10. Reservations may not be assigned to another individual or group.
11. Those wishing to cancel their reservation must notify the Supervisor's Office as soon as possible. Cancellation notices should be in writing (email is acceptable) and may not be rescinded later. Telephone cancellations will be accepted in cases of last minute emergencies, however should be followed by a written cancellation notice. If a room is not used and a cancellation notice is not given to the Township, the security deposit is forfeited and future use of our facilities may be denied.

### Cancellation/Changes:

- 1-30 Days: No refunds, no changes
- 30+ days: Full refund minus \$25 administration fee

12. The Township reserves the right to preempt or cancel a reservation, if an emergency arises. If this occurs, reasonable effort will be made to promptly contact the group (via phone, fax or email) and

reschedule the reservation. If this is not possible, the group will be notified. The Township shall be held harmless should a cancellation be required.

## RENTAL POLICIES

1. All items brought into the facility by the rental group are to be removed by the end of the rental period. The rental group is to remove food, materials, equipment, furnishings, decorations, and garbage after use of the facilities.
2. All garbage should be placed in the dumpster located in the lower level parking lot.
3. Township owned equipment made available to and used by the rental group must be thoroughly cleaned (including tables, chairs, coffee pots, kitchen facilities, etc.) at the end of the rental period.
4. It is the responsibility of the rental group to set up and move furnishings as desired. The rental group is required to return all furnishings to their original position at the end of the rental period.
5. Flammable materials (candles, incense, oil lamps, etc.) are not permitted.
6. The use of tape, tacks, push-pins, nails, etc., to affix items to any walls is prohibited. Poster putty may be used in moderation.
7. Live music is not allowed without prior approval of the Township Supervisor.
8. The sale of goods and/or services is strictly prohibited on Township Property.
9. Use of illegal drugs, alcohol, and/or gambling is strictly prohibited in any Township facility or on Township grounds.
10. There will be no smoking within 50 feet of any Township facility entrance.
11. Only those rooms specified on the Rental Agreement will be available for use by the rental group.
12. Gaines Charter Township does not assume responsibility for personal property left unattended in Township facilities and cannot be responsible for accident, injury, or loss of property.
13. The misuse of any Township facility or the failure to comply with these regulations will be sufficient reason for denial of future rental privileges.
14. Gaines Charter Township events will take precedence over other group events. Every effort will be made to honor scheduled rental requests, however it may become necessary to move your event to another area of the facility or reschedule your event to avoid conflicts with Township related functions.
15. Requested rental times must include set-up and tear-down times. Make sure you have allotted time to set-up and tear-down after your function, the room may be rented to another group immediately after you.
16. Group activities may not interfere with normal Township functions.
17. Accessory Machines: Use of fog machines, smoke machines and similar devices are prohibited.
18. Facility shall not be used in any manner which violates any federal, state, or township statute, law or ordinance.
19. The Township reserves the right to refuse or revoke permission to use the facilities at any time.
20. An inspection of the building and surrounding area will be made after each rental. In the event that there is damage to the Community Room(s) and/or contents, or a failure to return the Community Room and/or contents to their original condition, there may be a forfeiture of all or a portion of the security deposit.

21. Violation of any rules may result in your group being refused rental privileges in the future.

**GAINES CHARTER TOWNSHIP RESERVES THE RIGHT TO AMEND THESE POLICIES AND FEES AT ANY TIME,  
AND RENTERS SHALL BE BOUND BY THE POLICIES IN EFFECT AT THE TIME OF THE EVENT**

**Community Room Application**

Gaines Charter Township  
8555 Kalamazoo Ave., SE  
Caledonia, MI 49316  
PH: (616) 698-6640 Fax: (616) 698-2490



To request a reservation for a Community Room(s), please complete and submit the form below to the Gaines Charter Township Supervisor’s Office, 8555 Kalamazoo Ave., SE, Caledonia, MI 49316.  
Fax: (616)-698-2490 Email: [info@gainestownship.org](mailto:info@gainestownship.org)

Resident?  Yes  No

Contact Name: \_\_\_\_\_ Type of Organization/Event: \_\_\_\_\_

Group Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Room(s) Requested: \_\_\_\_\_ Size of Group: \_\_\_\_\_ Audio/Visual Required:  YES  NO

Will beverages be served?  YES  NO

Will food be served?  YES  NO

Date(s) Requested: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

*Please be sure to include adequate time for setup and cleanup*

Description of the nature of the gathering:

\_\_\_\_\_  
\_\_\_\_\_

By completing this application, the applicant agrees that they have read and will abide by the Gaines Charter Township Community Room Policies and to indemnify, hold harmless, and defend Gaines Charter Township from and against any and all personal injuries and/or loss of personal property sustained by the applicant’s attendees arising out of the facility use applied for under Gaines Charter Township Community Room Policies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date Application Received: \_\_\_\_\_ Date Applicant Notified of Approval/Denial: \_\_\_\_\_

Room(s) Assigned: \_\_\_\_\_ Date Deposit Rec’d: \_\_\_\_\_ Date full payment Rec’d: \_\_\_\_\_

Date Key Issued: \_\_\_\_\_ Date Key Returned: \_\_\_\_\_

Date Security Deposit Returned: \_\_\_\_\_ If NOT returned indicate why: \_\_\_\_\_

\_\_\_\_\_



**GAINES CHARTER TOWNSHIP**

**PRE-RENTAL CHECKLIST**

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Please use this checklist in ensure your rental experience goes as planned.

- Rental Application submitted
- Rental Agreement submitted (within 7 days of when rental approval received)
- Security Deposit and 25% of rental fee submitted (within 7 days of when rental approval received)
- Any remaining rental fee submitted (minimum of two weeks before rental date)
- Arrangements for pick-up of keys complete (if applicable)



**GAINES CHARTER TOWNSHIP**

**POST RENTAL CHECKLIST**

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Refund of security deposit will not be considered unless this post-rental checklist is completed.

- All lights are turned off
- All food/debris removed from chairs and tables
- All chairs and tables have been returned to original locations
- Audio/visual equipment:
  - Cords have been placed neatly in original position
  - Equipment has been turned off
- Check this box if audio/visual equipment was not used

- Kitchen:
  - All appliances have been cleaned (microwave/stove/coffee pot)
  - Any dishes used have been washed and returned to proper cabinet/drawer
  - All counters have been cleaned
  - Sink emptied and cleaned
  - Any food/beverages removed from refrigerator
  - Any garbage has been placed in dumpster in lower level parking lot
- Check this box if kitchen not used

Place this completed form and keys (if supplied) in the provided envelope and place on counter between stove and sink.

\_\_\_\_\_  
Print name of individual completing this form

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



GAINES CHARTER TOWNSHIP  
8555 Kalamazoo Ave., SE  
Caledonia, MI 49316

COMMUNITY ROOM RENTAL AGREEMENT

*(If completing by hand, please print)*

RENTER'S NAME: \_\_\_\_\_

GROUP NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAIN CONTACT #: \_\_\_\_\_ ALTERNATE CONTACT #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_ START TIME: \_\_\_\_\_ AM/PM END TIME: \_\_\_\_\_ AM/PM

NATURE OF EVENT: \_\_\_\_\_

SIZE OF GROUP: \_\_\_\_\_ ROOM(S) REQUESTED: \_\_\_\_\_ RENTAL FEE: \_\_\_\_\_ SECURITY DEPOSIT: \_\_\_\_\_

**By signing this agreement I attest that I have been provided with and agree to abide by the Gaines Charter Township Community Room Rental Rules and Regulations.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date Application Received: \_\_\_\_\_ Date Applicant Notified of Approval/Denial: \_\_\_\_\_

Room(s) Assigned: \_\_\_\_\_ Date Deposit Rec'd: \_\_\_\_\_ Date full payment Rec'd: \_\_\_\_\_

Date Key Issued: \_\_\_\_\_ Date Key Returned: \_\_\_\_\_

Date Security Deposit Returned: \_\_\_\_\_ If **NOT** returned indicate why: \_\_\_\_\_

FREE PUBLIC WiFi Passcode: 000000001